

**KANSAS STATE FIRE MARSHAL'S OFFICE**  
**FIREWORKS OPERATOR LICENSE**

(Renewal Application)

FOR KSFM USE ONLY

Permit #

Date of issue:

Date of expiration:

**COMPLETE IN FULL - PRINT CLEARLY**

NAME:

\_\_\_\_\_  
Last First Middle

PHYSICAL ADDRESS:

\_\_\_\_\_  
City State ZIP

MAILING ADDRESS:

\_\_\_\_\_  
City State ZIP

REQUESTED EXAM DATE AND LOCATION:

\_\_\_\_\_  
EXPIRED PERMIT NUMBER:

CONTACT PHONE NUMBERS:

Home: ( )

Daytime: ( )

Mobile: ( )

**PERSONAL INFORMATION**

Date of Birth (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Eye Color: \_\_\_\_\_

Current Age (in years) \_\_\_\_\_ Gender: Male ☐ Female ☐ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Have you been convicted of a felony within the last five (5) years? No ☐ Yes ☐

Are you affiliated with any fireworks display business? No ☐ Yes ☐ Business Name: \_\_\_\_\_

**SHOOT VERIFICATION**

Display Date \_\_\_\_\_ Display Location \_\_\_\_\_

Name of Municipality/Organization sponsoring display \_\_\_\_\_

Representative responsible for above organization \_\_\_\_\_

Signature of representative \_\_\_\_\_

Display Date \_\_\_\_\_ Display Location \_\_\_\_\_

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Name of Municipality/Organization sponsoring display \_\_\_\_\_

Representative responsible for above organization \_\_\_\_\_

Signature of representative \_\_\_\_\_

Under the penalties imposed by K.S.A. 21-3805, I declare that I have examined this application and documents submitted in support thereof, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_

RETURN COMPLETED APPLICATIONS TO THE KANSAS STATE FIRE MARSHAL'S OFFICE, ATTN: INVESTIGATION DIVISION, 700 SW JACKSON STREET, SUITE 600, TOPEKA, KANSAS 66603.